| Departme   | nt of P     | ublic    | c He                                  | alth a  | nd So       | cial Se   | ervices  |  |              |         |  |
|--|-------------|----------|---------------------------------------|---|-------------|---|--|--|--------------|---------|--|
| Food Establishm  |             |          |                                       | ent Inspection Report Page 1 of 2   |             |   |  |  |              |         |  |
| INSPECTION RSN TYPE GRADE UNSPECTION ON 128  | DATE 1 2017 | 7        | EST                                   | BOE-J. Q. SAN MIGUEL ELEMENTARY SCHOOL  |             |   |  |  |              |         |  |
| Follow-up / TIME IN  | TIME OU     | JT       | PERMIT HOLDER DEPARTMENT OF EDUCATION |   |             |   |  |  |              |         |  |
| Investigation A SANITARY PER   | MIT NO.     | -        | LOCATION (Address)                    |   |             |   |  |  |              |         |  |
| Other A 1700003  |             |          |                                       | 491 CLARA RO., TOTO   |             |   |  |  |              |         |  |
|  | ELEPHO      |          |                                       | o. of Risk Factor/Intervention Violations RIS o. of Repeat Risk Factor/Intervention Violations  |             |   |  |  | RISK CAT     | TEGORY  |  |
| FOODBORNE ILLNESS RISE   |             |          |                                       |   |             |   |  | NTION  |              | -       |  |
| Circle designated compliance (IN, OUT,   | N/O, N/A)   | ) for ea | ich nu                                | mbered  | tem. Ma     | rk "X" in   | appropriate box for COS and/or   | rR.  |              |         |  |
| tN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not appli<br>Compliance Status   COS R   |             |          |                                       |   | npliance    |   |  | iolation P1  | 8 = Deme     | R PT:   |  |
| Supervision  Person in charge present, demonstrates  |             |          |                                       | 16  | IN OUT      |   | Proper cooking time and temp   |  | 1)           | 16      |  |
| knowledge, and performs duties   |             |          | 6                                     | 17  | IN OUT      | N/A N/A   | Proper reheating procedures f  | or hot holding   |              | 6       |  |
| Employee Health  2 (IV) OUT Management awareness; policy present   |             |          |                                       | 18  |             |   | Proper cooling time and tempe  |  |              | 6       |  |
| Management awareness; policy present  Management awareness; policy present  Proper use of reporting, restriction & exclusion   |             |          | 6                                     | 20  | IN OUT      | N/A N/A   | Proper hot holding temperature<br>Proper cold holding temperature  |  | 1            | 6       |  |
| Good Hyglenic Practices  |             |          |                                       | 21  |             | _   | Proper date marking and dispo  |  | 7            | 6       |  |
| A IN OUT N/A N/O Proper eating, tasting, drinking, betelnut, or  |             |          |                                       |   |             | 11,55   | Consumer Advisor   |  | 119211       |         |  |
| tobacco use    Tobacco use   T |             |          | 6                                     |   | Τ           |   | I The second sec |  | TT           | -       |  |
| Preventing Contamination by Hands 6 (IN) OUT N/A N/O Hands clean and properly washed   |             |          | 6                                     | 22  | IN OUT      | (VA)  | Consumer Advisory provided fundercooked foods  | or raw or  |              | 6       |  |
| 7 IN OUT N/A N/O No bare hand contact with ready-to-eat food   | s or        |          | -                                     |   |             | 77-3-4  | Highly Susceptible Popu  | lations  |              |         |  |
| approved alternate metrical property tollowed  | -           |          | 6                                     | 23  | (м) оит     | N/A   | Pasteurized foods used; prohil   | - Advantage - Advanced | ot T         | 6       |  |
| Adequate handwashing facilities supplied & accessible  |             |          | 6                                     |   | _           |   | Offered  |  |              |         |  |
| Approved Source  |             |          |                                       | 24  | IN OUT      | NVA   | Food additives: approved and   | nronerly user  | 1            | 6       |  |
| 9 IN OUT Food obtained from approved source  10 OUT N/A N/O Food received at proper temperature  |             |          | 6                                     |   | -           |   | Toxic substances properly idea   |  | _            |         |  |
| 11 NOUT Food in good condition, safe, and unadulters   | ited        |          | 6                                     | used used   |             |   |  | 6  |              |         |  |
| 12 IN OUT W N/O Required records available: shellstock tags,   |             |          | 6                                     | 10211   |             |   | formance with Approved   |  | s            |         |  |
| Protection from Contamination  |             |          | . 11                                  | 26(   | IN) OUT     | N/A   | Compliance with variance, spe<br>process, and HACCP plan   | cialized   |              | 6       |  |
| 13 (II) OUT N/A Food separated and protected  14 (IN) OUT N/A Food contact surfaces: cleaned & sanitized   |             |          | 6                                     |   | Risk fa     | ctors a   | re improper practices or procedu   | res identified   | as the mo    | ost     |  |
| 15 (N OUT Proper disposition of returned, previously   |             |          | 6                                     | prevalent contributing factors of foodborne illness or injury. Public H interventions are control measures to prevent foodborne illness or in |             |   |  |  |              |         |  |
|  | OOD         | SET      | 0 7                                   | DD  |             |   | a sand of modulates to provent to  | SOCIOTIVE MAT  | 555 OI IIIJU | 7-1     |  |
| Good Retail Practices are preventative meas  |             |          |                                       |   |             |   | micals, and physical objects into  | foods.   | 1,7          |         |  |
| Mark "X" in box, if numbered item is not in compliance and/or if COS and/or R.  Compliance Status  |             |          |                                       |   | ted on-site |   |  | n PTS =[   | emerit po    | R PTS   |  |
| Safe Food and Water  | 1,000       |          |                                       | -   | phartoo     | 010100  | Proper Use of Utens  | iis  | 1000         | K II II |  |
| 27 Pasteurized eggs used where required  |             |          | 1                                     | 40  |             |   | sils. properly stored  | الدكوات المحدد   |              | 1       |  |
| Water and Ice from approved source   |             |          | 2                                     | 41  |             | ndled   | quipment and linens; properly sto  | orea, arrea,   |              | 1       |  |
| 29 Variance obtained for specialized processing methods Food Temperature Control   |             |          | 1                                     | 42  | -           | Single-use/single-service articles: properly stored, used |  |  | +            | 1       |  |
| 30 Proper cooling methods used; adequate equipment for   | TT          |          | 1                                     | 40  | JOK         |   | Utensils, Equipment and '  | Vending  | 1            | 11000   |  |
| temperature control  31 Plant food properly cooked for hot holding   | +           | -        | 1                                     | 44  | 1           | n bns bo  | onfood-contact surfaces cleanal  |  |              | 1       |  |
| 32 Approved thawing methods used   | +           | 1        | 1                                     | 45  | W           | rewashi   | ng facilities, installed, maintaine  | d, used; test  | +            | 1       |  |
| 33 Thermometer provided and accurate   | +           | -        | 1                                     | 46  | stri<br>No  |   | intact surfaces clean  |  | +            | 1       |  |
| Food Identification  |             |          | 1000                                  | 1000  |             | 54 A  | Physical Facilities  |  |              | dia est |  |
| 34 Food properly labeled; original container   |             |          | 1                                     | 47  |             |   | water available, adequate pressi   |  |              | 2       |  |
| Prevention of Food Contamination  35 Insects, rodents, and animals not present   | -           | _        | -                                     | 48  |             |   | stalled; proper backflow devices   |  | -            | 2       |  |
| 36 Contamination prevented during food peparation, storage   | 8           | -        | 1                                     | 49<br>50  |             |   | d wastewater properly disposed   | ad 9 dagge   | -            | 2       |  |
| display  37 Personal cleanliness   |             | -        | +                                     | 51  |             |   |  |  | -            | 2       |  |
| 38 Wiping cloths: properly used and stored   |             | -        | 1                                     | 51 Garbage/refuse properly disposed, facilities maintained 52 Physical facilities installed, maintained, and clean                            |             |   | -  | 1  |              |         |  |
| 39 Washing fruits and vegetables   |             |          | 1                                     | 1 53 Adequate ventilation and lighting; designated areas use  |             |   |  |  |              | 1       |  |
| I have read and understand the above violation<br>I am aware of the corrective measures that shall   | he teles    |          |                                       | 54  | Isa         | nitary Pe   | Documents and Placa<br>rmit, Health Certificates valid an  |  | TT           | 1 2     |  |
| Person in Charge (Print and Sign) Debbie Herrord   | JO IANO     | -        | K                                     | 2   | 1000        |   | 1128117  | _ postou   |              |         |  |
| DEH Inspector (Print and Sign) LEILANI NAVARRO,  | DOM:        | 1        | 7                                     | 7   |             | -   | ollow-up (Circle one): YES   | (NO)   | Follow,up    |         |  |
|  | ite: DPHSS  | /DEH     | Yelle                                 | ow: Food  | Establish   |   | mow-up (oncie one): 1 23   | [40]   | -N/          |         |  |

## Department of Public Health and Social Services Division of Environmental Health Food Establishment Inspection Report Page 2 of 2 ESTABLISHMENT NAME LOCATION (Address) 491 CLYRA ROAD, TOTO DOE - J.Q. SAN MIGHEL ELEMENTARY SCHOOL INSPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER DEPARTMENT OF EDUCATION 09 128 12017 170000382 **TEMPERATURE OBSERVATIONS** Item/Location Temperature (° F) Item/Location Temperature (° F) 44: 47.5: 51.5 CUT WATERMEION / SERVICE LINE CUT CONTRIBUTE / CHILLER SPAGHETTI SAUCE / WARMER **OBSERVATIONS AND CORRECTIVE ACTIONS** CORRECT ITEM NO. BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED OR /31/17, WHICH RESULTED IN A GRADE/RATING OF G/A. THE PREVIOUS MOLATION OF MEM # 26 WAS CORRECTED AND THE FOLLOWING NEW MOLATION WAS OBSERVED TODAY: POTENTIALLY HAZARDANS FOOD (PHF)/TIME AND TEMPERATURE CONTROL FOR 20 CAS SAFETY (TCS) POOD (I.E., CUT WATERMANN) DID NOT MEET TEMPERATURE RE-BUILDMENT FOR COLD-HOLDING. CORRECTIVE ACTION: THREE LARGE TRAVE OF CUT WATERMELON WERE MURROWN. PHY/TCS FOOD SHAW BE KEPT AT INTERNAL TEMPERATURE OF 40F OR COLDER FOR COLD HOLDING TO SLOW DOWN PATHOGEN GROWTH. PICTURES OF TITE VIOLATION AND CONNECTIVE ACTION WERE TAKEN. POSTED "A" PLACARD NO. 02504 DISCUSSED THIS REPORT WITH MANAGER, DEBBIE HERNANDEZ Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections Person in Charge (Print and Sign) DEH Inspector (Print and Sign) Rev: 08.27.15